

<i>SERFF Tracking Number:</i>	<i>CAPC-125272676</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025884</i>
<i>Company Tracking Number:</i>	<i>07-CRIME-FO-MU-161</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>ISO Crime and Fidelity Multistate Forms Revision Delay</i>		
<i>Project Name/Number:</i>	<i>ISO Crime and Fidelity Multistate Forms Revision Delay/07-CRIME-FO-MU-161</i>		

Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: ISO Crime and Fidelity

SERFF Tr Num: CAPC-125272676 State: Arkansas

Multistate Forms Revision Delay

TOI: 26.0 Burglary & Theft

SERFF Status: Closed

State Tr Num: AR-PC-07-025884

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 07-CRIME-FO-MU-161

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Courtney Charles

Disposition Date: 08/27/2007

Date Submitted: 08/24/2007

Disposition Status: Filed

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name: ISO Crime and Fidelity Multistate Forms Revision Delay

Status of Filing in Domicile:

Project Number: 07-CRIME-FO-MU-161

Domicile Status Comments:

Reference Organization: ISO

Reference Number: CR-2006-OFR06

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/27/2007

State Status Changed: 08/24/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Due to current system limitations we are unable to implement ISO filing reference number CR-2006-OFR06. Please accept this notification that our implementation date for the above ISO Crime and Fidelity form changes will differ from the date of October 1, 2007 given by ISO. At this time we are delaying the adoption of this change until further notice is provided.

Thank you for your time and consideration of our filing.

Company and Contact

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TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: ISO Crime and Fidelity Multistate Forms Revision Delay
Project Name/Number: ISO Crime and Fidelity Multistate Forms Revision Delay/07-CRIME-FO-MU-161

Filing Contact Information

Courtney Charles, Product Analyst crcharles@capitolindemnity.com
PO Box 5900 (608) 829-4230 [Phone]
Madison, WI 53705 (608) 829-7402[FAX]

Filing Company Information

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin
PO Box 5900 Group Code: 501 Company Type:
Madison, WI 53705 Group Name: State ID Number:
(608) 829-4200 ext. [Phone] FEIN Number: 39-0971527

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$0.00	08/24/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	08/27/2007	08/27/2007

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Disposition

Disposition Date: 08/27/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment: Delay Adoption

Rate data does NOT apply to filing.

SERFF Tracking Number:	CAPC-125272676	State:	Arkansas
Filing Company:	Capitol Indemnity Corporation	State Tracking Number:	AR-PC-07-025884
Company Tracking Number:	07-CRIME-FO-MU-161		
TOI:	26.0 Burglary & Theft	Sub-TOI:	26.0001 Commercial Burglary & Theft
Product Name:	ISO Crime and Fidelity Multistate Forms Revision Delay		
Project Name/Number:	ISO Crime and Fidelity Multistate Forms Revision Delay/07-CRIME-FO-MU-161		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Filed	08/27/2007

Comments:

Attachment:

Crime Transmittal.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	